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Research Article

**PREVALENCE OF ARTHRITIS IN PATIENTS PRESENTING IN
THE OUTDOOR DEPARTMENT OF NISHTAR HOSPITAL
MULTAN****Dr. Muhammad Kashif¹, Dr. Sohail Mahroof Mughal², Dr. Muhammad Samaat³****Article Received:** October 2020**Accepted:** November 2020**Published:** December 2020**Abstract:**

Arthritis is a term often used to mean any disorder that affects joints. Symptoms generally include joint pain and stiffness. Other symptoms may include redness, warmth, swelling, and decreased range of motion of the affected joints. In some types of arthritis, other organs are also affected. Onset can be gradual or sudden. This cross-sectional study was conducted in the outdoor department of Nishtar Hospital Multan. A total of 134 patients between 40 to 65 years of age, presenting in the outdoor department were included in this study. The demographic data of the patients i.e. name, age, gender, disease history, disease duration, or any other symptoms or clinical findings were noted on a proforma. The analysis was done using Microsoft excel and Medcalc Ver. 19.0. Out of 134, sixty seven (50%) were females and sixty-seven (50%) were males. The mean age of the patients was 49.23 ± 2.89 years, with a minimum age of 41 years and the maximum age of 59 years. Out of 134, only 52 patients had arthritis. The minimum duration of the disease was 5 years and the maximum duration was 15 years. Out of 52 patients, 31 commented that the pain is usually mild and it settles by using medication. Five patients told that they cannot get up the bed early in the morning.

Keywords: Arthritis, Outdoor Patients**Corresponding author:****Muhammad Kashif**

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INTRODUCTION:

Arthritis is a term often used to mean any disorder that affects joints. Symptoms generally include joint pain and stiffness. Other symptoms may include redness, warmth, swelling, and decreased range of motion of the affected joints. In some types of arthritis, other organs are also affected. Onset can be gradual or sudden. There are over 100 types of arthritis. The most common forms are osteoarthritis (degenerative joint disease) and rheumatoid arthritis. Osteoarthritis usually occurs with age and affects the fingers, knees, and hips. Rheumatoid arthritis is an autoimmune disorder that often affects the hands and feet. Other types include gout, lupus, fibromyalgia, and septic arthritis. They are all types of rheumatic disease.

Treatment may include resting the joint and alternating between applying ice and heat. Weight loss and exercise may also be useful. Recommended medications may depend on the form of arthritis. These may include pain medications such as ibuprofen and paracetamol (acetaminophen). In some circumstances, a joint replacement may be useful.

Osteoarthritis affects more than 3.8% of people while rheumatoid arthritis affects about 0.24% of people. Gout affects about 1–2% of the Western population at some point in their lives. In Australia about 15% of people are affected, while in the United States more than 20% have a type of arthritis. Overall the disease becomes more common with age. Arthritis is a common reason that people miss work and can result in a decreased quality of life.

Arthritis is the most common cause of disability in the United States. More than 20 million individuals with arthritis have severe limitations in function on a daily basis. Absenteeism and frequent visits to the physician are common in individuals who have arthritis. Arthritis can make it very difficult for individuals to be physically active and some become home bound.

Decreased mobility, in combination with the above symptoms, can make it difficult for an individual to remain physically active, contributing to an increased risk of obesity, high cholesterol or vulnerability to heart disease. People with arthritis are also at increased risk of depression, which may be a response to numerous factors, including fear of worsening symptoms. (1-3)

MATERIAL OF METHODS:

This cross-sectional study was conducted in the outdoor department of Nishtar Hospital Multan. A total of 134 patients between 40 to 65 years of age,

presenting in the outdoor department were included in this study. The demographic data of the patients i.e. name, age, gender, disease history, disease duration, or any other symptoms or clinical findings were noted on a proforma. The analysis was done using Microsoft excel and Medcalc Ver. 19.0.

RESULTS:

Out of 134, sixty-seven (50%) were females and sixty-seven (50%) were males. The mean age of the patients was 49.23 ± 2.89 years, with a minimum age of 41 years and the maximum age of 59 years. Out of 134, only 52 patients had arthritis. The minimum duration of the disease was 5 years and the maximum duration was 15 years. Out of 52 patients, 31 commented that the pain is usually mild and it settles by using medication. Five patients told that they cannot get up the bed early in the morning.

DISCUSSION:

There is no known cure for either rheumatoid or osteoarthritis. Treatment options vary depending on the type of arthritis and include physical therapy, lifestyle changes (including exercise and weight control), orthopedic bracing, and medications. Joint replacement surgery may be required in eroding forms of arthritis. Medications can help reduce inflammation in the joint which decreases pain. Moreover, by decreasing inflammation, the joint damage may be slowed.

In general, studies have shown that physical exercise of the affected joint can noticeably improve long-term pain relief. Furthermore, exercise of the arthritic joint is encouraged to maintain the health of the particular joint and the overall body of the person.

Individuals with arthritis can benefit from both physical and occupational therapy. In arthritis the joints become stiff and the range of movement can be limited. Physical therapy has been shown to significantly improve function, decrease pain, and delay need for surgical intervention in advanced cases. Exercise prescribed by a physical therapist has been shown to be more effective than medications in treating osteoarthritis of the knee. Exercise often focuses on improving muscle strength, endurance and flexibility. In some cases, exercises may be designed to train balance. Occupational therapy can provide assistance with activities. Assistive technology is a tool used to aid a person's disability by reducing their physical barriers by improving the use of their damaged body part, typically after an amputation. Assistive technology devices can be customized to the patient or bought commercially.

There are several types of medications that are used for the treatment of arthritis. Treatment typically begins with medications that have the fewest side effects with further medications being added if insufficiently effective.

Depending on the type of arthritis, the medications that are given may be different. For example, the firstline treatment for osteoarthritis is acetaminophen (paracetamol) while for inflammatory arthritis it involves non-steroidal anti-inflammatory drugs (NSAIDs) like ibuprofen. Opioids and NSAIDs may be less well tolerated. However, topical NSAIDs may have better safety profiles than oral NSAIDs. For more severe cases of osteoarthritis, intra-articular corticosteroid injections may also be considered.

The drugs to treat rheumatoid arthritis (RA) range from corticosteroids to monoclonal antibodies given intravenously. Due to the autoimmune nature of RA, treatments may include not only pain medications and anti-inflammatory drugs, but also another category of drugs called disease-modifying antirheumatic drugs (DMARDs). Treatment with DMARDs is designed to slow down the progression of RA by initiating an adaptive immune response, in part by CD4+ T helper (Th) cells, specifically Th17 cells. Th17 cells are present in higher quantities at the site of bone destruction in joints and produce inflammatory cytokines associated with inflammation, such as interleukin-17. (4-7)

REFERENCES:

1. Brosseau L, Robinson V, Wells G, Debie R, Gam A, Harman K, Morin M, Shea B, Tugwell P (October 2005). "Low level laser therapy (Classes I, II and III) for treating rheumatoid arthritis". The Cochrane Database of Systematic Reviews (4): CD002049. doi:10.1002/14651858.CD002049.p ub2. PMID 16235295.
2. Vavken P, Arrich F, Schuhfried O, Dorotka R (May 2009). "Effectiveness of pulsed electromagnetic field therapy in the management of osteoarthritis of the knee: a meta-analysis of randomized controlled trials". *Journal of Rehabilitation Medicine*. 41 (6): 406– 11. doi:10.2340/16501977-0374. PMID 19479151.
3. Canada, Health (2002-07-16). "Medical Devices Active Licence Listing (MDALL)". aem. Retrieved 2020-03-28.
4. "Juvenile idiopathic arthritis: MedlinePlus Medical Encyclopedia". medlineplus.gov. Retrieved 2019-0506.
5. Barbour, Kamil E.; Helmick, Charles G.; Boring, Michael; Brady, Teresa J. (2017-03-10). "Vital Signs: Prevalence of Doctor-Diagnosed Arthritis and Arthritis-Attributable Activity Limitation — United States, 2013–2015". *MMWR. Morbidity and Mortality Weekly Report*. 66 (9): 246– 253. doi:10.15585/mmwr.mm6609e1. ISSN 0149-2195. PMC 5687192. PMID 28278145.
6. GBD 2010 Country Collaboration (March 2013). "GBD 2010 country results: a global public good". *Lancet*. 381 (9871): 965–70. doi:10.1016/S0140-6736(13)60283-4. PMID 23668561. S2CID 11808683.
7. Usenbo A, Kramer V, Young T, Musekiwa A (4 August 2015). "Prevalence of Arthritis in Africa: A Systematic Review and MetaAnalysis". *PLOS ONE*. 10 (8): e0133858. Bibcode:2015PLoSO..1033858U. doi:10.1371/journal.pone.0133858. PMC 4524637. PMID 26241756.